COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL021442 US

As a below named inventor, I	hereby declare that:				
My residence, post office addr	ress and citizenship are as stat	ted next to my name.			
_	of the subject matter which is omponent"	name is listed below) or an original claimed and for which a patent is s	· ·		
is attached hereto.					
☐ was filed as United States	application		1		
Serial No					
on					
and was amended					
on		•			
was filed as PCT international application					
Number <u>PCT/IB2003/006040</u>	<u> </u>				
on 16 December 2003					
and was amonded under BCT	· Article 10				
and was amended under PCT	Article 19				
on			(if applicable).		
I hereby state that I have revieus claims, as amended by any ar	:	ents of the above-identified specification	ation, including the		
I acknowledge the duty to disc Title 37, Code of Federal Regu		erial to the examination of this applic	cation in accordance with		
or inventor's certificate or of an States of America listed below any PCT international applicat	ny PCT international application and have identified below any tion(s) designating at least one	States Code, § 119 of any foreign and the signating at least one country foreign application(s) for patent or country other than the United States the application(s) of which priority	ry other than the United inventor's certificate or es of America filed by me		
PRIOR FOREIGN/PCT APPLI	CATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 11	9:		
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119		
Europe	02080550.3	30 December 2002	YES		
	U.S.	DEPARTMENT OF COMMERCE -Pate	ent and Trademarks Office		

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Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) Attorneys Docket Number PHNL021442 US					
		Y: As a named inventor, I hereby appared there			secute this application and transact
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32, 266 Edward M. Blocker, Reg. No. 30,245				Direct Telephone Calls to: (name and telephone number) (914)332-0222	
	FULL NAME OF INVENTOR	FAMILY NAME VERSTEGEN	FIRST GIVEN NAME Emile		SECOND GIVEN NAME Johannes Karel
201	RESIDENCE & CITIZENSHIP	Eindhoven \	STATE OR FOREIGN COU The Netherlands	NTRY	COUNTRY OF CITIZENSHIP The Netherlands
Yu	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhov	en	STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME STAPERT	FIRST GIVEN NAME Hendrik		SECOND GIVEN NAME Roelof
202	RESIDENCE & CITIZENSHIP	Eindhoven /	The Netherlands	NTRY	The Netherlands
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhov	en	STATE & ZIP CODE/COUNTRY The Netherlands
true: a	nd further that these	e statements were made with the know der section 1001 if Title 18 of the Unite	wledge that willful false statements	and the like so m	
SIGNA	TURE OF INVENT	OR 201 SIGNATUR	E OF INVENTOR 202		
DATE	00 7 1 000:	DATE	T 1 0004		

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

29 July 2004

29 July 2004

10/540684

JC09 Rec'd PCT/PTO, 24 JUN 2005

Approved for use through 07/31/2006. OMB 0651-0031
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Under the Paperwork Reduction Not of Today and Page 1	
	NT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Koninklijke Philips Electronics N.	
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently
Entitled: LIQUID CRYSTAL COMPONENT	
Koninklijke Philips Electronics N.V. (Name of Assignee)	a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1. the assignee of the entire right, title, and interes	t; or
2. an assignee of less than the entire right, title an The extent (by percentage) of its ownership inte in the patent application/patent identified above by virture.	d interest. erest is ———— % tue of either:
A. [] An assignment from the inventor(s) of the pater in the United States Patent and Trademark Officattached.	nt application/patent identified above. The assignment was recorded be at Reel, Frame, or for which a copy thereof is
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[] Additional documents in the chain of titl	e are listed on a supplemental sheet.
[] Copies of assignments or other documents in the [NOTE: A separate copy (i.e., the original assignment be submitted to Assignment Division in accretion of the USPTO. See MPI	cordance with 37 CFR Part 3, if the assignment is to be
The undersigned (whose title is supplied below) is a	uthorized to act on behalf of the assignee.
Jule 23, 2000	Typed or printed name
(914) 333-9611	Signature
Telephone number	
	Corporate Counsel Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: 24737 Practitioners associated with the Customer Number: OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Name Registration Name Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X 24737 The address associated with Customer Number: ORFirm or Individual Name Address State Zip City Country Fax Telephone Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record re and title is supplied below is authorized to act on behalf of the assignce Date 14 January 2005 Signature Michael E. Marion 333-9637 Telephone (914) Name Authorized Representative Title

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

